Form 8

FORM 8. Entry of Appearance

UNITED STATES CO	URT OF APPEALS	FOR THE FEDERAL CIRCUIT						
McRo,	Inc. v.	Valve Corporation						
	No. <u>15-1099</u>	<u>.</u>						
	ENTRY OF APPE	ARANCE						
appellants should read parag	graphs 1 and 18 of the Gowithin 14 days of the dat	Circuit Rule 47.3. Pro se petitioners and uide for Pro Se Petitioners and Appellants. e of docketing and serve a copy of it on the						
Please enter my appearance	(select one):							
Pro Se	As counsel for:	Valve Corporation Name of party						
I am, or the party I represent	t is (select one):							
	Respondent	Amicus curiaeCross Appellant Intervenor						
As amicus curiae or interven	or, this party supports (se	elect one):						
	ppellant Respon	,						
My address and telephone ar		at appende						
Name:	Jan P. Weir							
Law firm:	K&L Gates LLP							
Address:	1 Park Plaza, Twelfth Flo	oor						
City, State and ZIP:	Irvine, CA 92614							
Telephone:	949-253-0900							
Fax #:	949-253-0902							
E-mail address:	jan.weir@klgates.com							
Statement to be completed b	y counsel only (select on	e):						
for the party. I agree served upon me.	cipal attorney for this par to inform all other couns	ty in this case and will accept all service el in this case of the matters						
I am replacing remain on the case. [gas the Government attorneys on	e principal attorney who will/will not ally.]						
I am not the p	orincipal attorney for this	party in this case.						
Date admitted to Federal Cir	cuit bar (counsel only):	07/25/1984						
This is my first appearance to (counsel only):	perfore the United States (Court of Appeals for the Federal Circuit						
Yes VN	0	,						
A courtroom accessibl	e to the handicapped is re	equired if oral argument is scheduled.						
11/5/1/		Sont What						
Date	S	ignature of pro-se of counsel						
cc:								

Form 30

FORM 30. Certificate of Service

UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

by:	at I serve	d a copy or	n counsel	of record o	n Novem	ber 10, 20	14	
□ Fa □ Ha ☑ Ele	nd ectronic N			·				
(0)	eman o	· CM/ECF)						
Jan P. Wei	•				/s/ Jan P.	Weir		
Name of (Counsel				Signature	of Coun	sel	
Address City, State	, ZIP	Plaza, Twelftl rvine, CA 926 949-253-0	514					
FAX Num E-mail Ac	ber 949	-253-0902 nn.weir@klga	tes.com					